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## Executive Summary

The purpose of this Quality Assurance Review (QAR) is to provide a comprehensive operational snapshot of the Queens Private Detention Facility (QPDF), which is located in Jamaica, New York. The QAR utilizes the Federal Performance-Based Detention Standards (FPBDS) for non-federal detention facilities. The FPBDS guidelines are designed to ensure the safe, secure and humane confinement of federal detainees and to provide a document indicating a level of performance. Should a facility be determined to be impaired to the point it is unable to accomplish its mission, immediate corrective action will occur. The overall facility operation received a rating of **Deficient**.

During the three-day visit to the QPDF, the QAR team reviewed relevant policies, procedures, and documentation. Additionally, the team conducted numerous interviews with facility's administrative, management and other facility staff as well as with detainees. The team toured throughout the facility and observed daily operations including formal counts, visiting, recreation, meal servings, and the provision of health care services. The average length of stay for a detainee at the QPDF is 164 days.

Employee interviews revealed high levels of professionalism, responsiveness, and dedication to the review team's request for information. Both non-management and management staff believe that adequate systems of controls are in place to ensure a safe and secure working environment. The social climate of the detainee population, as determined through detainee interviews, indicates they were satisfied with their living conditions and staff responsiveness to their individual needs. There were no additions or renovations to the facility during the past 12 months.

The QAR revealed areas of non-compliance in Administration and Management, Health Care, Security and Control, Food Service, Safety and Sanitation and Services and Programs.

An opening briefing was held on August 4, 2015 by (b) (7)(C), (b) (6) Detention Facilities Program Specialist, United States Marshals Service (USMS). Also in attendance were, (b) (7)(C), (b) (6) Bureau of Prison Liaison, Prisoner Operation Division, and the Creative Correction's QAR team. The closeout briefing was conducted on Thursday, August 6, 2015, by (b) (7)(C), (b) (6) Detention Facilities Program Specialist, (USMS). Also in attendance were the Creative Correction's QAR team, and (b) (7)(C), (b) (6) USMS, Contracting Officer's Representative. Present from the QPDF were Warden William Zerillo, Chief of Security (b) (7)(C), (b) (6) Compliance Manager (b) (7)(C), (b) (6) Assistant Business Manager (b) (7)(C), (b) (6) Personnel Administrator (b) (7)(C), (b) (6), Training Administrator (b) (7)(C), (b) (6) Transportation Manager (b) (7)(C), (b) (6) and Food Service Manager (b) (7)(C), (b) (6).





### Facility Review Team

Facility Name	Name	Title
Queens Private Detention Facility	(b) (7)(C), (b) (6)	LR, SME: Administration and Management, Services and Programs, and Facility Facts SME: Security and Control SME: HealthCare SME: Safety and Sanitation SME: Food Service

### OFDT Personnel

Name	Title
(b) (7)(C), (b) (6)	Detention Facilities Program Specialist, USMS  U.S. Public Health Service, Prisoner Operations Division, USMS

### Facility Information

The QPDF is located in Jamaica, New York, which has a population of approximately 2,321,580. The facility is owned and operated by the GEO Group Incorporated (GEO), a private correctional and detention management company with headquarters in Boca Raton, Florida. The QPDF opened in March 1997 as a 59,358 square foot, 200 bed facility. It is a two level converted warehouse which utilizes a dormitory style direct supervision correctional model. There are seven dormitories, and an eight cell segregation unit. Support areas include food service, medical, recreation, laundry, and maintenance. The GEO Group has entered into an Inter-Governmental Agreement (IGA) with the USMS to house detainees at the rate of \$191.56 per day. Although the daily rate includes transportation and routine medical costs, it does not include non-routine medical cost. The USMS jurisdiction responsible for the detainees housed at the QPDF is the Eastern District of New York. The QPDF has an operating capacity for 240 detainees. On August 4, 2015, there was an all-male detainee population of 213. There are no females or juveniles confined at the facility.

This facility was awarded initial accreditation by the American Correctional Association (ACA) in 1999. It was most recently re-accredited in February 2014. The facility received initial accreditation from the National Commission on Correctional Health Care (NCCHC) in July 2006 and was most recently re-accredited in November 2012. The QPDF is not under any court orders, nor does it have any pending litigation.

Queens Private Detention Facility

August 4, 2015 - August 6, 2015

Approximately 31% of the detainee population speaks Spanish; as do ten staff members. No apparent communication barriers were observed between detainees and staff during the review. The facility is located 18 miles and 45 minutes away from the Federal Courthouse in Brooklyn, New York.

### Staffing By Functional Areas

Functional Area	# of Authorized Staff	# of Staff on Board	# of Authorized Subcontract Staff	# of Subcontract Staff
A- Administration and Management	10	10	0	0
B- HealthCare	8	8	3	3
C- Security and Control	(b) (7)(E)			
D- Food Service	6	6	0	0
F- Safety and Sanitation	1	1	0	0
G- Services and Programs	5	5	0	0
Total	(b) (7)(E)			

### Functional Area Ratings

**Acceptable** - Adequate resources, policies, procedures, and processes are in place and working to achieve the standard; or while the overall functional area is operating in an acceptable manner, one or more subparts may be deficient and require additional resources, policy clarifications, or changes in processes or procedures to fully achieve the standard.

**Deficient** - Adequate resources, policies, procedures, or processes are either not in place or not sufficient.

**Repeat Deficiency** - This review and the immediate prior review revealed a similar finding that adequate resources, policies, procedures, or processes are either not in place or not sufficient.

**At-Risk** - The basic requirements of the function are not being met due to problems identified with resources, policies, procedures, or processes.



**Not Applicable** - Standard has no relevance for the facility.

### Overall Performance Ratings

**Excellent** - The level of performance exceeds the requirements of the FPBDS with exceptional internal controls. Policies and procedures for achieving the program standards are documented and specific to the mission of the facility; the policies and procedures are communicated to the staff; fully implemented; and the desired outcome is achieved. Key Findings and Deficiencies are non-existent.

**Good** - The level of performance exceeds the requirements of the FPBDS. Internal controls limit Key Findings and Deficiencies. Policies and procedures for achieving the program standards are documented and specific to the mission of the facility, the policies and procedures are communicated to the staff, implemented and the desired outcome is achieved. Key Findings and or Deficiencies are minimal and do not affect the performance of the facility.

**Acceptable** - The program is meeting the requirements of the FPBDS. Lapses in internal controls are minimal. Key Findings and Deficiencies do not affect the performance of the facility.

**Deficient** - The program is unable to meet the requirements of any one of the 19 Key Functional Areas or one or more of the 58 Standards. Deficiencies are the result of weak internal controls in one or more areas. The facility is meeting the minimal requirements of the performance standards.

**At-Risk** - Operation of the program is impaired to the point that the facility is unable to accomplish its mission. The program is unable to meet the requirements of the FPBDS and is unlikely to meet those requirements without immediate corrective action to ensure the safety and security of both staff and detainees.

### Compliance with FBPD Standards - By Functional Area

Functional Area	Acceptable	Deficient	Repeat Deficiency	At-Risk	Not Applicable
A - Administration and Management	10	1			
B- HealthCare	4	2			
C- Security and Control	9	1			
D- Food Service	3	2	1		
F- Safety and Sanitation	2	3			
G- Services and Programs	7	2			
L- PREA					N/A
Total	35	11	1	0	1

## **Key Findings**

**The Key Functional Areas of the FPBD are those areas that address the minimal requirements necessary to ensure detainees are housed in a safe, secure, and humane environment. Failure to comply with a Key Functional Area can be considered a material deficiency in the operation of the facility and may have a significant effect on the overall rating results of the facility.**

### **DEFICIENT AREAS:**

#### **Administration and Management: (A.4.5) (4-ALDF-2A-27), (4-ALDF-4D-22).**

Prior to being placed in the general population, inmates are not provided with an orientation to the facility.

#### **Health Care: (B.1.2E) (4-ALDF-4D-01)**

The facility does not have a quality management program.

#### **Health Care: (B.1.7) (4-ALDF-4D-05)**

All professional staff do not comply with applicable state and federal licensure, certifications, or registration requirements. Verification of current credentials are not on file in the facility.

#### **Health Care: (B.1.14C) (4-ALDF-4D-08)**

All medical staff do not have a valid CPR card.

#### **Health Care: (B.1.15) (NCCHC J-A-07)**

Individual health emergency (man-down) drill are to be conducted once a year on each shift where health staff are assigned. However, inadequate documentation was provided to support the drills were actually performed.

#### **Health Care: (B.5.17E)**

Administering of medication is being performed by persons not properly trained, and is not administered under proper supervision of the health authority and facility administrator or designee.

#### **Health Care: (B.5.17F)**

The facility is not providing a 7 day supply of prescribed medication to prisoners transferring or being released from the facility.

#### **Security and Control: (C.6.1) (4-ALDF-2D-01).**

The use of keys is not controlled by all staff members

**Food Service: (D.1.3) (4-ALDF-11)**

The facility's food service operation is not reviewed by an approved independent outside source to ensure the food service facilities and equipment meet established government health and safety codes.

**Food Service: (D.3.3) (Repeat),**

Food at point of tray delivery is not protected from contamination from utensils and dinnerware that is compliant with U.S. Food Code.

**Food Service: (D.3.4)**

During preparation (Cooking, Freezing, Reheating, Thawing) food is not protected from environmental sources of contamination.

**Safety and Sanitation: (F.1.2) (4-ALDF-1C-02)**

The fire evacuation plan has not been reviewed and approved by local or state fire officials trained in the application of national fire safety codes since 1997.

**Safety and Sanitation: (F.1.13b) (4-ALDF-1C-11)**

Flammable, toxic and caustic materials are not inventoried.

**Safety and Sanitation: (F.2.4) (4-ALDF-4D-04)**

Vermin and pests are not controlled through monthly inspections, therefore a significant insect infestation was noted in the food service kitchen area.

**Services and Programs: (G.3.4.)**

Not all incoming and outgoing non-privileged mail is inspected for contraband.

**Services and Programs: (G.5.5.) (4-ALDF-5C-22)**

Not all religious volunteers have appropriate credentials from the faith's judiciary committee identifying them as qualified to minister to the detainee population.



## Incidents

	Grand Total	Total with a Weapon
Number of inmate assaults on staff in past 12 months:	1	0
Number of inmate assaults on other inmates in the past 12 months:	24	0
Number of staff assaults on inmates in the past 12 months:	0	0
Number of assaults on visitors in the past 12 months:	0	0
Number of attempted suicides in the past 12 months:	0	0
Number of completed suicides in the past 12 months:	0	0
Number of attempted escapes in the past 12 months:	0	0
Number of completed escapes in the past 12 months:	0	0
Number of detainee sexual assaults in the past 12 months:	1	0

## Capacity

Capacity Metrics: USMS	Maximum	Minimum
Total Capacity:		240
Adult Male Capacity:		240
Adult Female Capacity:		0
Total Juvenile Capacity:		0
Juvenile Male Capacity:		0
Juvenile Female Capacity:		0
Disabled Capacity:		0
Description for Disabled Capacity:	Although there are no disabled detainees presently confined at the QPDF, housing dorms F and D can accommodate detainees with mobility issues. There are four beds in F unit and eight beds in D unit to accommodate disabled detainees and each unit has a handicap accessible showers and toilets.	

Capacity Metrics: ICE	Maximum	Minimum
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<b>Capacity Metrics: ICE</b>	<b>Maximum</b>	<b>Minimum</b>
Total Capacity:		0
Adult Male Capacity:		0
Adult Female Capacity:		0
Total Juvenile Capacity:		0
Juvenile Male Capacity:		0
Juvenile Female Capacity:		0
Disabled Capacity:		0
Description for Disabled Capacity:		N/A

## **General Overview by Functional Area**

### **A – Administration and Management**

Acceptable

The QPDF operates under the direction of the GEO policies and procedure manuals. Review of the current facility operation policies and manuals revealed no discrepancies. During the 2014 QAR facility policy review revealed the facility policy for clearing and storing weapons did not match facility's practiced procedures. The finding was corrected during the 2014 QAR and the results of the correction remain in place. Policies are available to all staff and are located in the staff library. Policies are communicated to staff during pre-service and annual in-service training. The QPDF employs a full time compliance manager who oversees the entire process of audits and quality assurance reviews. Annually, with the help of various staff members the compliance manager supervises and conducts cross departmental inspections as part of the internal audit and quality assurance review program. Relevant policy requirements are communicated to detainees through the detainee handbook. Detainees also have access to some policies and can request these policies by submitting a detainee request.

The QPDF maintains records on all detainees confined in the facility. A of the detainee records revealed pertinent individual documents, including USMS information, criminal history, classification documents, I-29 forms, photographs, disciplinary records, fingerprints, escape information, and property inventory sheets. The records manager, who is also the classification manager, maintains case files for all detainees assigned to the facility in a secure file cabinet. Case files for all detainees assigned were complete and compliant with QPDF policy and the FPBDS. Staff interviews, revealed the classification manager and intake officers were well versed in the detainee records process and file content. Intake staff are responsible for generating all detainee files with the intake data, to include a sexual abuse screening tool. Detainee files are stored in the records/classification office in a set of locked file cabinets. The files are maintained for one year following the detainee's release, at which time they are removed from the records office and archived in a second floor storage room of the facility.

The facility's admissions program addresses procedures for the admission and orientation of detainees. Established procedures require all incoming detainees undergo a thorough screening. Staff interviews regarding the intake process revealed detainees are verbally interviewed regarding security threat groups, known separates, and the Prisoner Rape Elimination Act (PREA), which includes the definition of sexual misconduct, potential consequences, available avenues to report, and the rules on appropriate interaction with staff. The process also encompassed detainees being fingerprinted, strip searched, photographed, issued a detainee ID, card, and given an opportunity to shower before being provided hygiene supplies, linen and uniforms. Detainees are screened by medical staff before being placed in the general population. If the detainee arrives during normal working hours they receive a detainee handbook during intake, which is printed in both English and Spanish and was last updated February 23, 2015. All subjects outlined in the FPBDS are available in the handbook. However, detainees being confined after normal working hours are not provided an intake orientation prior to being placed in general population. The policy regarding detainee intake procedures was corrected prior to completion of the QAR.

The QPDF has written policy for collection, storage, and return of detainee personal property and funds. Upon arrival, a detainee's personal property is inventoried, placed in a plastic bag and stored numerically in the intake and discharge locked property room. A property inventory form is completed, and copies are placed with the detainee's property, the detainee's detention file, and the detainee receives a copy. During the July 2014 QAR it was revealed although detainee property was inventoried and a copy of the inventory was placed in the detainee file; the detainee was not provided with a copy of the property form. The providing of a copy of the property receipt to the detainee finding has been corrected and the results of the correction remain in place. Policy describes how funds are maintained and used. Any checks or money received by the facility for a detainee is receipted, logged and then turned over to the business manager. The check or money is then receipted for by the business manager who verifies the monetary amount and subsequently adds the funds to the respective detainee's facility account.

A review of the QPDF policy and staff interview revealed although releases are rare from the QPDF, staff were familiar with the policy and able to describe procedures to follow during either a detainee release or a transfer. The detainee release or transfer order is provided by the USMS. Verification telephone calls are made prior to the release/transfer by the transportation officer. Detainees are identified by photo identification, name, and register number prior to being released or transferred. All releases must be approved and signed off by a shift supervisor or above. Interviews and observations were conducted with facility staff, which confirmed detainees, are properly identified prior to release

There were no special needs detainees being confined at the QPDF during the review. However, special needs detainees housing is available in the "F" and "D" dorms. All detainee housing dorms are located on the first floor of the facility which permits special needs detainees the same access to



religious, recreation and educational opportunities as non-special needs detainees within the general population. The QPDF policy requires trained staff to assist disabled detainees who cannot otherwise perform basic life activities. Review of the annual training plan revealed the facility is providing training and guidance in the prevention of discrimination of any individual or group of detainees.

The QPDF uses Accurate Background Company to conduct initial background checks of new employees; the facility then coordinates with the USMS to conduct a preliminary background check on new applicants for the purpose of conditional employment, utilizing the NCIC program. A more intensive background check is conducted by Key Point Government Solutions, another company, which includes information on educational, employment, housing, and credit history for the past ten years. Upon completion of the initial background check, the USMS notifies the QPDF preliminary approval has been given for the employee to begin working. The employee is then sent to Airport Medical for a physical and drug screening exam. Upon clearance from the medical screening examiner, new hires are scheduled to attend pre-service training. Upon hire, the employee receives an orientation within the first week of employment and is provided with copies of the policies and procedures they will be expected to adhere to during their employment. Employee files are locked in the Human Resources office. A review of employee's files revealed employee background investigations are complete and reports were found in each file. The code of conduct policy provides valuable information to employees. Employees sign acknowledging they've received and reviewed the code of conduct policy, a copy of the signed acknowledgement form is placed in the employee's personnel file. Policy requires every employee to immediately report any arrest or integrity breach. Follow-up background checks are completed on each QPDF employee every five years and random drug screenings are conducted quarterly.

Staff development and training policy outlines procedures for all staff training at QPDF. The 2015 training plan was reviewed, and all subjects were covered in accordance with the FPBDS. The Pre-Service training lessons for staff members included the code of conduct training for new employees. Training on the code of conduct is also provided during annual in-service training. The training curriculum provides a lecture on sexual harassment and sexual misconduct in a correctional setting, as well as PREA training for all staff. Suicide prevention and intervention training is provided in both the pre-service and in-service training curriculum. Training files are stored electronically in the training manager's office on a pass coded computer system. Random review of employee training files confirmed staff receive pre-service and in-service training in all required areas. Supervisory staff receive 24 hours of web-based management training from the GEO Group Corporation's Headquarters. Custody staff attend 40 hours of initial training followed by 120 hours of security training to include weapons and CPR certification. The security staff receives more than 40 hours of in-service training annually. Members of the facilities specialized emergency response team receive additional training in incapacitating agents and the use of special equipment. The facility's five tour commanders and the Chief of Security are the only staff authorized to carry the OC Aerosol spray used at the QPDF. Transport staff undergo weapons training/firing twice a year per the USMS

contract. During the winter cycle staff members fire the New York State and USMS firing courses and during the summer cycle, staff fire only the USMS course.

A review of the Emergency Plans at QPDF during this QAR revealed they updated on February 23, 2015. The Emergency Plans Policy and Procedure contain a section on disruptive events which provides procedures to be followed in situations which threaten the facility's security. There are written agreements with the Brooklyn and Islip court houses for interim bed space, Deli-52 provides when required kosher meals which are acceptable for the entire population and medical agreements are in place for services at the Jamaica Hospital and Nassau University Medical Center.

## **B –Health Care**

## **Deficient**

Review of the Health Services Program at GEO Queens is based on staff interviews, review of the facility's policies and procedures, and direct observation of the operations. The health services policies and procedures were examined. These policies were last reviewed on September 19, 2014. The health services program presently has 16 staff members and two newly hired nurses currently in orientation. The health service's staffing consist of a full-time registered nurse (RN), who works five days a week as the Health Services Administrator (HSA), two other full-time RNs, three part-time RNs, three full-time licensed practical nurses (LPN), three part-time LPNs, one medical doctor (MD) who works two four hour shifts per week, one psychiatrist who works ten hours per month, one psychologist who works 20 hours per week, one full-time medical records technician, and a mobile dental contract who comes into the facility to work, two to three times per month. Medical services are available twenty-four hours a day, seven days a week with an LPN working each night shift. The facility has a full-time designated chronic care nurse and a full-time infectious disease nurse who are both RNs. The health services MD also serves as the medical director. The facility currently has no vacancies.

A review of the health records indicates prisoners receive medical, dental and mental health screenings upon admission. Intake medical and dental screenings are performed by trained and licensed health care professionals. Tuberculosis screenings were performed within 72 hours of arrival. 3 health screenings are conducted by trained medical staff and qualified mental health personnel within 14 days.

Policies are in place to ensure prisoners have access to health care. Prisoners are informed about accessing health services during the intake process, which includes appropriate verbal and written communication. Comprehensive clinical services are available including 24 hour medical, dental and mental health. Requests for routine medical care, or "sick call forms" are available to detainees via a medical drop box mounted in the housing units, or through the medical staff during medication call. Medical request are triaged daily on the evening shift.

The QPDF Health Services is required its own policy to have monthly employee meetings. Documentation was provided by the HSA for monthly meeting over the past 12 months; however, the last meeting was held on July 9, 2015, without the meeting's minutes attached. When the HSA was asked for the minutes for the employee meeting on July 9, 2015, she stated "she wasn't finished typing them" as of August 4, 2015. The facility is not in compliance its own policy which requires monthly employee meetings documented. Review of the glucometer log revealed significant gaps in calibration verification, required to ensure glucose meter accuracy. Interviews with the HSA, revealed the glucometer is supposed to be calibrated twice per day as recommended by their GEO Corporate internal audit in June 2015. However, in the month of June 2015 alone, there were gaps from June 7, 2015 through June 8, 2015, June 14, 2015 through June 15, 2015, June 20, 2015 through June 21, 2015 and June 26, 2015 through June 27, 2015. There were also significant gaps from April 20, 2015 through May 12 2015, February 11, 2015 through April, 18 2015. The HSA was unable to produce logs from December 4, 2014 through June of 2015. The facility does not have policy in place specifying how often the glucometer was to be calibrated as part of its quality management program.

All employee credentialing files were reviewed. One registered nurse did not have a valid CPR card or a copy of their current New York RN license. However, the RN license was verified on the New York State Board of nursing website on August 4, 2015 the day of the inspection, even though his employment start date was June 18, 2015. Documentation was received related to employee classes that he participated in from the training department, however it was not the computerized version consistent with every other employee. The nurse's CPR training was unable to be verified on the information provided by the training department.

The facility is required to have individual health emergency (man-down) drills conducted once a year on each shift medical staff is assigned. The HSA provided four unsigned reports from the past year for review. When ask for a description of how the drills are recorded, the HSA reveled they are responsible for typing up the drills on a document and saving them. It was also revealed the documents are not printed off for the participants to sign and date them in ink. Each report had a supervisory signature and date line but, none of the reports were signed or dated in ink. Furthermore, the participants in these drills had not signed any of the documentation to show their involvement in the evaluation.

Medications are provided by a contract pharmacy. Medications are delivered in prisoner specific unit dose packs. Medication administration is recorded directly onto an individualized Medication Administration Report (MAR). Observation during medication line in the housing unit revealed the nurse did not consistently do mouth checks on each prisoner during medication administration.

The facility provides departing or transferring out prisoners a five day supply of prescribed medication prior to released from the facility. Current QPDF policy calls for a three day supply of medication when transferring or releasing from the facility. Neither the current facility practice nor the current facility policy fulfills the requirement of the standard.



Review of medical records of detainees taking psychotropic medications, revealed the facility is now obtaining informed consent when prescribing psychotropic medications. Failure to obtain consent for psychotropic medications was a noted deficiency during the 2014 QAR.

Annual training of health services and security personnel include blood-borne pathogens exposure, first aid, sexual abuse, misconduct awareness, and sexual harassment prevention; as has training on suicides, hunger strikes, medical restraints and prisoner deaths. Training includes policy guidance and prevention programs.

## **C –Security and Control**

## **Acceptable**

Review of the Security and Control Program at GEO Queens is based on staff interviews, review of the facility's policies and procedures, and direct observation of the operations. Space is provided for a 24- hour secure control center for monitoring and coordinating of the facility's security, life safety, and communications systems. Written policies and procedures address maintenance of permanent logs used to record daily information, including routine occurrences, emergencies, or unusual incidents. The facility uses bound ledgers for recording all activities and events occurring in the facility. Interviews with staff at various levels and direct observation of logs indicate they are efficient and functional management tools for the dissemination of information. Housing unit entries included detainee movement, admissions, releases, cell and detainee searches, in addition to unusual events and emergencies. Correctional supervisors document their review of the logs on each shift. A system is in place to conduct daily, weekly and monthly inspections. Discrepancies identified, requiring maintenance are placed on a security work request which is forwarded to the maintenance supervisor and completed by priority.

Accountability procedures for detainees ensure safety of both detainees and staff. The standard requirement for one formal count each shift is being achieved. Direct observation of count procedures revealed officers are following safe and sound procedures. The policy states "counts will be conducted independently by two officers utilizing count and cover". Under this process, one officer is to conduct the count while the second officer ensures detainees are not moving from one location to the other and counted twice. The policy also requires detainees be standing, sitting or lying on their assigned bunks. Staff members have immediate access to photo identification of all detainees. A minimum of three formal counts and four informal counts are conducted within a 24 hour period. Face to photo counts are only conducted after a discrepancy cannot be corrected after the initial recount. During this QAR, the 3:00 p.m. count was observed; staff followed all national and local policies ensuring every detainee could be readily identified. QPDF utilizes staff escorts to control all detainee movement.

Policy and procedures are in place to insure adequate pat and strip searches of detainees are conducted. Detainees are pat searched when leaving the various housing units and prior to entering recreation areas. Review of recovered contraband revealed each item of contraband is recorded on the front of each evidence collection bag. Contraband is stored in the Chief of Security's Office, where it's logged in and locked in a steel cabinet. There are inspection and search procedures in place at the front entrance to prevent the introduction of contraband items into the facility by visitors or staff members. Staff and visitors entering the facility must submit to a search of their personal items with an X-ray machine and walk through a metal detector as well as an ionizer drug detection machine. Closed Circuit Television (CCTV) systems, with recording capabilities, are located at strategic detainee movement areas throughout the facility to enhance staff's ability to control contraband.

A strip search is only conducted on general population detainees if there is a reasonable belief the detainee is in possession of an item of contraband. The Chief of Security maintains a master search log to ensure all detainee living areas are searched within a 30 day period. Review of the random search logs revealed staff members were professional with their search techniques. Gender issues are addressed appropriately. Bed and cell searches are documented within housing unit logs. Strip searches within the intake and release area occur in a room which ensures privacy for the detainee. A review of the grievance log revealed no detainees filed complaints resulting from searches over the last year.

Policy and procedures exist for use of force situations and include the following, circumstances when use of force is authorized; who has the authority; time permitting to grant permission for the application; necessary precautions to be taken when using chemical agents; necessary care and cleanup to be used following the use of chemical agents; when use of force incidents are to be videotaped; a means for informing the USMS regarding the use of force and when a supervisory correctional officer must be present. Review of use of force packets indicated there was no calculated use of force incidents in the past twelve months. Policy is in place to ensure use of force incidents are videotaped, a supervisory officer is present and staff participants and witnesses provide a written report of their actions. Security supervisors are authorized to carry Oleoresin Capsicum (OC) spray at QPDF. There were eleven minor immediate use of force incidents and all were in compliance with the FPBDS and QPDF policy. Use of force reports identify in factual terms the type and amount of force used and the justification and any violations committed or observed. The executive staff, as well as other supervisory staff, review the use of force reports to ensure adherence to the facility's use of force policy and that force is only used for as long and for the extent necessary. There have been no instances of the use of Four or Five point restraints at QPDF, however policy and procedures are in place should the need arise. Electronic notification to the USMS occurs as soon as practicable with a full written report provided within two business days. The only armed posts at QPDF are the transportation officers, perimeter officer, and outside hospital.

Weapons are stored within the armory located in an area separate and from inmate housing and activity areas. All weapons, ammunition, and other security items are accounted for using checkout sheets and inventories. Inventories were accurate and accessible for review. The transportation supervisor maintains documentation showing the firearm's monthly inspection; the serial number; qualification dates of the assigned staff; the authorized ammunition and the issuing authority. During the QAR the Warden also provided a newly created form that reflects the names of all of the facilities staff authorized to carry their personal firearms while performing escort duties and shows corporate authorization. During 2014 QAR, there was a finding that the armory did not maintain a list of qualified staff to receive chemical agents. This finding was corrected before the completion of the 2014 QAR and the results of the correction remain in place.

QPDF has no requirement to issue firearms to staff assigned to armed post, due to staff being authorized to use their personal pre-approved handguns while performing their duties. During the 2014 QAR, there was a finding that the facility did not have written procedures for the reporting of missing weapons. This finding was corrected before the completion of the 2014 QAR and the results of the correction remain in place. A visual inspection of the weapon storage areas indicated weapons are secured in accordance with institutional policies and procedures. Keys to the armory are restricted access and stored in the Key watcher system. Less than lethal devices are also stored in locked cabinets and the inventory was found to be accurate. Some chemical agents are also stored in central control and were found to be accurately inventoried and appropriately stored. Weapons appeared to be in good working order and well maintained. Policies, procedures, and documentation concerning tools, keys, and equipment controls are in place. QPDF utilizes the Morse Watchman Key Watcher System which requires an employee to enter a four digit pin number to remove keys, which subsequently creates an electronic record.

Emergency keys are stored in central control and an emergency key to the armory are stored in a locked box behind glass; the stored keys access all areas of the facility. Detainees at QDPF are not issued tools and are supervised by staff when allowed to use tools. The armory officer maintains additional keys and chits for replacement when keys are damaged. In an emergency situation such as a power outage when electronic doors will not function and access to the facility from the outside is required, there is a set of emergency keys in a locked case in the armed perimeter vehicle. The facility keeps a running inventory and conducts periodic checks to ensure the location of all keys, tools, culinary equipment, medical equipment, supplies, and vehicles are known at all times. The central tool room stores all tools on shadow boards according to classification. Key rings are crimped and contain metal tags identifying the key ring and the number of keys on the key ring. Restricted key rings are issued and accounted for using a list of authorized staff and authorization forms. Tools are stored in medical, food services, maintenance and the barber shop. The tool disposition log details the disposition of any



broken or damaged tool. The maintenance shop was toured and tools were stored on a shadow board in compliance with the policy. Ladders were secured and stored as required.

Policies, procedures, and documentation concerning tools, keys, and equipment controls are in place. While touring the units, a staff member was observed not securely fastening the assigned keys utilizing key clips and a key chain. The keys were lying on the officer's station out of the staff member's control.

Post orders for every security post are available, well written, include all information relevant to the operation of the post, and clearly define expectations. During the 2014 QAR, there was a finding that post orders for Perimeter Patrol and Outside Hospital did not contain instructions regarding the proper care and safe handling of firearms. This finding was corrected before the completion of the QAR and the results of the correction remains in place. Chronological duties are defined, they emphasize safety and security of staff detainees, and changes are communicated to staff. Post orders are reviewed on a quarterly basis. The Chief of Security is delegated with the responsibility for post orders, all post orders were found to be signed and dated accordingly.

There were no Disciplinary Hearings scheduled during the period of this QAR. A thorough policy review and interviews with staff indicated the disciplinary hearing process is being conducted in accordance with the FPBDS. Detainees are notified of the disciplinary process during admission and orientation. Discipline procedures are included in the detainee handbook. A review of several disciplinary packets revealed sufficient evidence to support findings that detainees committed prohibited acts and the disciplinary process was found to be fair and impartial. Detainees are afforded all rights by a disciplinary hearing officer who reviews all discipline reports and investigations prior to the disciplinary hearing proceedings. Documentation made available for review during this QAR indicates that the disciplinary process at QPDF is consistent with legal requirements and procedures outlined in local policy.

There is an eight cell, 14 bed segregation unit at QPDF. Rounds of the unit are required twice an hour at random intervals no more than 40 minutes apart. Log sheets are posted on each cell door and the pipe system, a computerized hand held device, is utilized to verify rounds. The assigned officer takes the handheld device and touches a button on the cell door to record the date and time of the check. This information is then electronically downloaded and reports are reviewed for discrepancies by both the shift lieutenant and the security chief daily, verifying assigned officer have completed rounds in accordance to facility policy. The segregation unit also is equipped with two video cameras, one on each end, so that maximum surveillance is achieved. Each day, the security chief, medical and mental health staff and the shift supervisor make a round of the segregation unit. The security chief reviews video surveillance tapes from the previous day. The logbook in the segregation unit was reviewed and revealed supervisory and

administrative rounds were verified as being completed as required. Only the allowable property in accordance with policy was observed in the segregation cells. While administrative detention, disciplinary segregation, and protective custody detainees are housed together without physical separations, staff members provide adequate supervision of the special housing units and maintain comprehensive records of unit activities. Medical staff members visit the unit on a regular basis and provide care as needed. Detainees are allowed property and other comfort items routinely permitted in a controlled environment. Written procedures provide guidance to staff regarding the safe, orderly, and efficient management of the unit. Showers are located in an area that provides good visibility. This allows staff supervising the unit to observe the detainees and provide privacy at all times.

QPDF provides armed guards and transportation services as required by the United States Marshals Service (USMS), to transport detainees to and from the courthouse, hospitals, medical visits and appointments, detention facilities, Justice Prisoner and Alien Transports (JPATS) sites, and provide perimeter security as well as guard services within the Federal Courthouse, Federal buildings and the USMS cellblock. QPDF Transportation Officers wear conspicuous business attire while performing their duties and use their personally owned handguns which must be pre-approved according to the criteria established by the USMS and the Warden. All Transportation Officers must comply with the requirements of the State of New York Department of Consumer Affairs and regulations of the Bureau of Security and Investigative Services. Supervisors and Transportation Officers must have current New York State guard registration cards or certification, or bona fide law enforcement agency identification. All Transportation Officers must have and maintain a current permit authorizing them to carry a firearm.

Transportation vehicles at QPDF receive regular safety inspections at 2 to 3 month intervals depending on vehicle mileage. There are vehicles specially equipped to accommodate disabled or movement impaired detainees. Vehicles are compartmentalized to permit secure separation of detainees if separation needs arise. A secure vehicle sally port is in use which provides a secure environment for the loading and unloading of detainees. Search procedures are in place to ensure detainees are searched prior to boarding transportation vehicles. All detainees are fully restrained before departing the facility. Policy is in place ensuring the required number of staff are assigned to each escort. Each transportation vehicle has the required number of seat restraints.

#### **D –Food Service**

#### **Acceptable**

Queens Private Detention Facility (QPDF) is staffed by GEO staff for food service operations. Food service operations are provided by one food service manager, five GEO staff food service workers and 20 detainee food service workers. The assessment of the food service program was based on staff interviews, a review of policy and procedures and direct observation of the

operations. Adequate internal food service controls are in place and in compliance with, U. S. Food Code and FPBDS requirements.

The food service manager has been at the facility for nine months and has over 35 years of food service experience and is Serve Safe Certified. All cook supervisors have completed Serve Safe Certification for Food Handlers. During the last QAR the acting Food Service Manager was not certified by a food protection program. The new food service manager is Serve Safe Certified. This corrects the deficiency noted in the 2014 QAR.

The facility uses a daily opening and closing checklist, a weekly inspection form and a monthly food service inspection form to maintain and monitor sanitation in the food service department. The facility's food service operation is reviewed by an independent outside source however, there is no documentation of the inspectors professional expertise, or authority to conduct environmental health and food service inspections in New York that ensures the facility is meeting all federal, state and local government health and safety codes. The facility has not provided documentation of the local or states health authorities' refusal to inspect the GEO QPDF as requested by the United States Marshals Service, Prisoner Operations Divisions analysis of GEO QPDF response to the 2014 QAR.

Meals are delivered to the dorms by food service workers under staff supervision. Staff in the dorms sign for the trays and has detainee workers pass out the trays to the detainee population.

Training packets for both staff and volunteer prisoner workers were reviewed to insure that training is being provided for the safe use of food service equipment and in the safety procedures to be followed in the food service department.

On site review of local policy and review of staff records indicates that food service workers receive pre-assignment medical examinations. This facility uses volunteer food service workers in food production and tray preparation. Local policy requires food service workers to report any medical conditions that could be transmitted by handling food. All food service workers are checked and questioned by the supervisor about their current medical condition concerning open cuts or sores and other illnesses prior to starting their shift. They are also required to wash their hands upon reporting to the department.

All staff were observed during the QAR practicing proper food handling procedures during food production and tray preparation. Food service employees and detainee workers were observed during the QAR wearing proper hair and beard restraints.

Potentially hazardous food items are checked at point of delivery for proper temperature control during transport. All food storage areas were checked during the QAR and found to be in

compliance with U.S Food Code guidelines. During the 2014 QAR food was not stored in a manner compliant with U.S. Food Code. Food on the top shelf of the freezer was covered in ice. Repairs have been made to the freezer and there was no accumulation of ice on items in the freezer. This finding has been corrected since the 2014 QAR.

Staff and detainees were observed throughout the QAR using sound safety and sanitation procedures to protect food from contamination. However, sanitation procedures for cleaning and sanitizing cups are not in place. The practice of issuing cups and sporks to the detainee population at intake and not having them properly cleaned and sanitized after each meal is not an acceptable sanitation practice. The detainee handbook states that detainees will be issued appropriate eating utensils for each meal and they must be accounted for at meals end. The handbook also states sporks, trays and cups are provided on a control system basis. The facility is providing clean sporks on all carts delivered to the dorms however they are not providing clean cups to the units for each meal. Detainees were observed in the dorms using plastic bottles for beverages allowing the bottle necks to come into contact with the fill spout on the beverage containers provided by food service and there were no cups provided on the food carts. This practice could result in the spread of communicable diseases. This is a repeat deficiency from the 2014 QAR. This deficiency was corrected during the 2015 QAR and the facility changed Policy Food Service Sanitation and Safe Storage for Food Service, Number 15.005 dated August 5, 2015 to reflect this new procedure.

During preparation (Cooking, Freezing, Thawing, Reheating), food is not protected from environmental sources of contamination in a manner compliant with the current U.S. Food Code. Raw chicken was being thawed in a sink without constant running water.

On site observation of food service operations during the QAR confirmed materials being used in the construction of utensils, food contact surfaces and equipment meet U.S. Food Code guidelines. Dish machine temperatures were checked three times during the QAR and the June and July 2015 production worksheets were reviewed. All temperatures are meeting established industry standards for wash and rinse cycles of the dish machine and the manual ware washing sink. Observation during the QAR revealed food service employees operating all equipment in a safe and proper manner to comply with manufacturer and food code guidelines. Equipment is being maintained and cleaned on a regular basis as all equipment and storage areas were clean to both site and touch and all areas of the food service department are well organized. Cleaning agents were observed being properly used.

Staff and detainees were observed throughout the review practicing sound safety and sanitation procedures. Safety and sanitation procedures for the cleaning and sanitizing of food service equipment and preparation areas are covered in the monthly deep cleaning schedule and the daily opening and closing inspection forms.

A registered dietician has reviewed all regular, medical and religious diet menus and verified that they are nutritionally adequate. Menu approval memo dated May 15, 2015 are on file. All menu substitutions must be approved by the dietitian. A review of the six week cycle menu and on site observation during the tray preparation reveals the majority of the menus include three hot meals per day.

On site observation and review of policy indicates no more than 14 hours pass between the evening meal and the breakfast meal. The hospital administrator or their designee approves detainees for medical diets. Observation of tray preparation and delivery of therapeutic diets indicates that detainees are receiving their prescribed medical diets.

The facility currently has 36 detainees on a prescribed therapeutic diets. All detainees are receiving the Diet for Health (DFH). The QPDF currently offers a vegan diet and a kosher three week cycle menu as the religious diet of choice. There are nine detainees participating in the religious diet program with six detainees receiving a kosher diet. The rabbi approves all detainee requests for religious diets.

## **F-Safety and Sanitation**

**Acceptable**

Review of the Safety and Sanitation Program at GEO Queens is based on staff interviews, review of the facility's policies and procedures, and direct observation of the operations. On-site inspections and reviews of policies and procedures indicate staff members have the necessary information to address fire safety emergencies. Fire safety protection systems were found to be providing a level of safety which do not put the staff or detainees in imminent danger. The facility is protected with an automatic sprinkler system, central smoke detection system, portable fire extinguishers and manual pull stations. Inspection records for these systems were reviewed and found to be in compliance with the FPBDS.

Comprehensive monthly inspections of the facility are conducted by the safety manager. Weekly fire and safety inspections are conducted by qualified departmental personnel. Complete files of both inspections are maintained in the safety office. On November 12, 2014, the facility was inspected by the local fire department. There was no significant fire safety issues noted in the report. The fire evacuation plan has not been reviewed and approved by local or state fire officials trained in the application of national fire safety codes since 1997. Files of completed fire drills were reviewed and results indicate drills are being conducted with sufficient frequency for the drill procedure to be a matter of routine occurrence. Varying hypothetical scenarios are being used to enhance the effectiveness of the drills. A fire drill was observed in "D" pod during this review. A total of 21 detainees were escorted to the outside recreation yard and a count was initiated. Responding staff with portable fire extinguishers searched the area to ensure all detainees were evacuated. The unit was declared clear and the detainees were then returned to the unit and secured without incident.



An emergency key set was drawn from central control and used to test the manual release of the entrance door to the unit during the drill. During the 2014 QAR it was noted the main door into the facility's kitchen was secured with a padlock. It was observed the padlock has now been removed from the door; this finding has been corrected since the 2014 QAR. No hazardous cleaning chemicals are utilized in the facility. The cleaning products used are diluted prior to issuance to detainees. Storage areas for flammable, toxic, and caustic materials in maintenance, food service, and the laundry were checked and all items were properly secured. Inventories of hazardous materials were checked and found to be accurate in the food service and maintenance storage areas. There is no inventory system for caustic materials stored in the laundry storage room. Approximately 40 gallons of corrosive detergents and bleaching agents were noted in the room.

Comprehensive sanitation inspections by safety and correctional staff are used to inform detainee orderlies where additional cleaning is required. A local pest control company conducts monthly inspections of the facility and treats any insect or pest infestations found. A significant insect infestation continues to plague the food service kitchen near the hood exhaust system. A letter is received from the local water district annually certifying the drinking water is in compliance with state standards. Each detainee is issued a fiberglass box for personal items which is stored under the bunk beds. All unused personal items must be stored inside the box when not in use. Rooms were noted to be clean and well organized. Sanitation was acceptable throughout the facility.

Laundry carts are utilized for transporting both soiled and clean laundry and are properly sanitized between each use to prevent cross contamination. Policies and procedures for ensuring detainees are provided with clean and sanitary clothing, bedding, and linens were reviewed and found to be in compliance with FPBDS. Clean laundry is provided to each living unit five times per week. Interviews with detainees did not reveal any complaints with clean clothing issue.

Policies and procedures were found to be thorough in promoting detainees' personal hygiene. An on-site inspection and interviews with detainees did not reveal any issues with personal hygiene. Detainees in living units have access to operable showers seven days per week. Detainees in the SHU are also offered showers seven days per week. Water temperatures in sinks and shower heads were tested in various living units and found to be within acceptable levels to promote good hygiene. Barbering operations are conducted in a central barber shop. Barbers are provided with adequate cleaning and sanitizing materials to properly clean and sanitize equipment between each patron.

A review of policy and procedures and an inspection of the physical facility and equipment did not reveal any areas of concern. Emergency generators are inspected weekly and load tested monthly by QPDF maintenance staff. A private contractor conducts annual load tests of the generators per the manufacturer's recommendations. A review of testing data did not reveal any areas of concern.

## **G- Services and Programs**

**Acceptable**

Review of the Service and Programs functional area at GEO Queens is based on staff interviews, review of the facility's policies and procedures, and direct observation of the operations. The QPDF has a system in place to cover in detail the classification processes. The system takes into consideration the necessity to periodically reclassify a detainee when additional information is received about a detainee or if there is an adjudicated incident report for misconduct while at the facility. A review of the QPDF policies and subsequent staff interviews revealed staff is knowledgeable about the policies and classification process. Review of detainee files found them to contain appropriate classification documents, as well as orientation documents initialed, signed and dated by the detainee. The detainee living areas have mounted bulletin boards which contain schedules for recreation, religious services, library, barbershop, mail, visits, phones, and details on rules, regulations and the disciplinary process as well as required PREA information. The information is posted in both English and Spanish.

Access to the courts for detainees is provided through a law library and three touch screen computer terminals. Detainees are also authorized with approval through the executive staff to temporarily receive laptop computers from their attorneys to work on their cases. A cart is kept in the segregation unit for use by detainees housed there. Indigent detainees are provided with writing materials and postage to access the courts. Detainees requesting to contact their attorney's submit a request to the Operations Chief and upon approval will be escorted to the classification office to make the confidential phone call. Calls to federal defenders are made free of charge.

Policy authorizes detainees to correspond with family, friends, officials, and other significant community contacts, consistent with legitimate security needs of the facility. Incoming and outgoing mail are processed via the facility post office. However, detainees are permitted to seal their non-privileged mail envelopes prior to sending them to the facility post office. Subsequent interview with the postal supervisor revealed detainee's outgoing mail is not reopened by staff to inspect it for contraband. This deficiency was corrected during the QAR and policy changed to include the opening and inspecting of detainees outgoing mail.

Indigent detainees receive postage and stationery sufficient to send at a minimum three letters per week to maintain community ties. Indigent is defined as having one dollar or less for seven consecutive days. Detainees are authorized to correspond with attorneys and court officials with minimal interference of those contacts. Detainees are permitted to send uninspected special mail to federal, state, and county courts, executive and legislative branch officials of the United States, county and state officials and officers, the detainee's attorney (all mail in this category must be marked Attorney/Client Mail). Mail is processed and delivered within 24 hours of receipt excluding weekends and holidays.

QPDF has a dedicated phone representative to ensure prisoner phones are operable. Telephones are accessible to the detainees in the housing units and in the intake temporary housing units. Detainees are assigned a Personal Identification Number (PIN) upon admission which must be entered to place an outgoing telephone call. Calls to federal defenders may be made free of charge and the telephone numbers are listed on the units. Although the facility did not have any hearing impaired detainees at the time, the QPDF phone supervisor maintains a Telecommunications Device for the Deaf (TDD) in his office to be installed upon the admittance to the facility. All telephone calls are recorded and subject to monitoring with the exception of legal and privileged calls or calls to the court.

Prisoners have the opportunity to participate in the practice of their religious faith. The QPDF has a Chaplain with the minimum qualification needed to assure equal status and protection for all religions. The QPDF's has an ordained Jewish Rabbi who serves as the facility's chaplain. An interview with the Chaplain confirmed that he has full access to all areas of the facility and all detainees. With the assistance of three religious volunteers the QPDF holds a Christian Service on Tuesdays at 2:30 pm, and a Catholic service at 1 pm on Wednesdays. Both of these services are held in the facilities multi-purpose room. The facility holds both a Jewish service at 10 am and a Muslim service at 1pm every Friday in the facility library. Although a back ground check had been completed on the current Islam Volunteer, the facility did not have any type of information on file from the faith's judiciary identifying him as qualified to minister to the detainee population of the QPDF.

Throughout the review detainees were observed participating in outdoor recreation on a daily basis. Activities included playing basketball, volleyball, handball, and soccer. Detainees have access to a pull up bar and sit-up board. In cases of inclement weather the detainees have the option of going to the gym for recreation call where they have the same options as they do when they participate in outdoor recreation, in addition to two stationary bikes, an elliptical machine and a rowing machine. The detainee handbook includes information about recreation and the recreation schedule is posted on all housing units. Dayroom activities include numerous table games and television viewing via remote hearing devices. Detainees are provided with a wireless radio and headset, with batteries for television viewing. There are two television sets on each unit with one of the televisions broadcasting in Spanish and the other in English. Detainees listen to programming through the headsets provided.

The QPDF's visiting policy outlines visiting privileges for all detainees. A review of the visitation schedule revealed visits are offered daily, including weekends. Visitation for detainees in segregation are conducted by videoconferencing. All security procedures are appropriately addressed during the processing of a visitor. Visitation for detainees in segregation is conducted by videoconferencing. The detainee handbook contains all of the pertinent information regarding visitation rules and regulations.

The QPDF has a voluntary work program where eligible detainees may earn twenty-five cents per hour after being medically cleared. In order to be eligible for the various work programs a detainee must not be classified or identified as an escape risk, have no separates, not be identified as possessing predatory sexual behaviors or the subject of a violent criminal history and/or affiliated with a gang. If any of these factors exist the detainee will be determined not eligible for work assignments. Some of the work assignments available to detainees are, kitchen detail, sanitation, barbering, laundry, and paint detail.

The detainee handbook and facility policy cover the grievance process in detail and describe the options of filing a formal grievance. Staff interviewed were familiar with the grievance system and detainees are introduced to the system during the orientation phase of admission into the facility as well as the detainee handbook provided to them upon confinement. Grievance forms were readily available in the dorms in each dayroom and a locked box is in each dorm for detainees to confidentially submit grievances. Detainees housed in the segregation dorm must request a form through the on duty dorm officer. Grievances must be responded to within 15 calendar days and a random review of the grievances database confirmed detainees were being interviewed in each case and a written response was provided within the allowable time limits. Appeals may be made to the warden or the grievance officer who acts as the warden's designee in grievance matters.

## **A - Administration and Management**

	<b>Standard</b>	<b>Finding Options</b> - Acceptable - Deficient - Repeat Deficiency - At-Risk - Not Applicable
A.1	Policy and Procedures	Acceptable
A.2	Quality Control	Acceptable
A.3	Prisoner Records	Acceptable
A.4	Facility Admission and Orientation Program	Deficient
A.5	Prisoner Property	Acceptable
A.6	Prisoner Transfers and Releases	Acceptable
A.7	Prisoners with Disabilities	Acceptable
A.8	Discrimination Prevention	Acceptable
A.9	Staffing	Acceptable
A.10	Training	Acceptable
A.11	Emergency Plans	Acceptable

## **B - Health Care**

	<b>Standard</b>	<b>Finding Options</b> - Acceptable - Deficient - Repeat Deficiency - At-Risk - Not Applicable
B.1	Health Care Administration	Deficient
B.2	Intake Screening	Acceptable
B.3	Medical, Mental Health, and Dental Appraisals	Acceptable
B.4	Access to Health Care	Acceptable
B.5	Provision of Health Care	Deficient
B.6	Incident Health Care	Acceptable

## **Additional Comments**



## C - Security and Control

	Standard	Finding Options - Acceptable - Deficient - Repeat Deficiency - At-Risk - Not Applicable
C.1	Correctional Supervision	Acceptable
C.2	Prisoner Accountability	Acceptable
C.3	Control of Contraband	Acceptable
C.4	Use of Force/Non-Routine Application of Restraints	Acceptable
C.5	Weapons	Acceptable
C.6	Keys, Tools, and Medical Instruments	Deficient
C.7	Post Orders	Acceptable
C.8	Prisoner Discipline	Acceptable
C.9	Special Housing Units	Acceptable
C.10	Prisoner Transportation	Acceptable

## Additional Comments

## D - Food Service

	Standard	Finding Options - Acceptable - Deficient - Repeat Deficiency - At-Risk - Not Applicable
D.1	Food Service Administration	Deficient
D.2	Food Service Employee/Worker Health	Acceptable
D.3	Food Storage and Preparation	Deficient
D.4	Equipment, Utensils, and Linens	Acceptable
D.5	Prisoner Meals and Special Diets	Acceptable

### **Additional Comments**

#### **F - Safety and Sanitation**

	<b>Standard</b>	<b>Finding Options</b> - Acceptable - Deficient - Repeat Deficiency - At-Risk - Not Applicable
F.1	Fire Safety and Chemical Control	Deficient
F.2	Sanitation and Environmental Control	Deficient
F.3	Clothing and Bedding	Acceptable
F.4	Prisoner Hygiene	Acceptable
F.5	Facility Physical Plant	Acceptable

### **Additional Comments**

#### **G - Services and Programs**

	<b>Standard</b>	<b>Finding Options</b> - Acceptable - Deficient - Repeat Deficiency - At-Risk - Not Applicable
G.1	Classification and Housing	Acceptable
G.2	Access to the Courts and Legal Materials	Acceptable
G.3	Mail	Deficient
G.4	Telephones	Acceptable
G.5	Religious Programs	Deficient
G.6	Recreation	Acceptable
G.7	Visitation	Acceptable
G.8	Work Programs	Acceptable

	Standard	Finding Options
		<ul style="list-style-type: none"> <li>- Acceptable</li> <li>- Deficient</li> <li>- Repeat Deficiency</li> <li>- At-Risk</li> <li>- Not Applicable</li> </ul>
G.9	Grievance Program	Acceptable

**Additional Comments**